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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		P-5314
First In	ventor	P. R. Suresh Samuel
Title	Nee	lle Puller for Destroyign Hypodermic Needles
Evames	Mail Labol No	E1 416066999119

July for new	=					
	APPLICATION ELEMENTS		ADDRESS TO:		t Commissioner for Patents ent Application	
	chapter 600 concerning utility patent application contents.				ton, D.C. 20231	
	ee Transmittal Form (e.g., PTO/SB/17) ubmit an original, and a duplicate for fee processing)	7.	CD-ROM or CD- Computer Progr		plicate, large table or pendix)	PTO
	oplicant claims small entity status. ee 37 CFR 1.27.		eleotide and/or Amir Oplicable, all necessary		Sequence Submission	S. 312
	pecification [Total Pages 19] referred arrangement set forth below)	а	<u> </u>		ble Form (CRF)	074
	Descriptive title of the invention Cross Reference to Related Applications	b			Listing on: CD-R (2 copies); or	10,4
- 8	Statement Regarding Fed sponsored R & D  Reference to sequence listing, a table,		ii. D pape		OB 11 (2 GOP.GG), G.	j1
c	or a computer program listing appendix  Background of the Invention	С	. Statemen	its verify	ing identity of above co	pies
- E	Brief Summary of the Invention		CCOMPANYIN	G APF	PLICATION PARTS	s
	Brief Description of the Drawings (if filed) Detailed Description	9.		•	er sheet & document(s	
	Claim(s) Abstract of the Disclosure	10.	37 CFR 3.73(b) (when there is an a		nt Power of At	torney
		11.	¬ .	• .	ument (if applicable)	
4. 🗸 Dr	rawing(s) (35 U.S.C. 113) [Total Sheets 16]	12.	Information Disci Statement (IDS)		Copies of II Citations	os
5. Oath or D	Declaration [Total Pages 3]  Newly executed (original or copy)	13.	Preliminary Ame	ndment		
a. [	Copy from a prior application (37 CFR 1.63	(d)) 14. 🗸	Return Receipt F (Should be specific	ally itemiz	zèd)	
ъ. [	(for continuation/divisional with Box 18 completed	15.	Certified Copy of (if foreign priority is	claimed)	`,	
	i. DELETION OF INVENTOR(S) Signed statement attached deleting inver	tor(s) 16.	Request and Cei (b)(2)(B)(i). Appl	rtification licant m	n under 35 U.S.C. 122 ust attach form PTO/SE	3/35
	named in the prior application, see 37 CF 1.63(d)(2) and 1.33(b).		or its equivalent.			
	oplication Data Sheet. See 37 CFR 1.76	17.	Other:			
	ONTINUING APPLICATION, check appropriate box, a ation Data Sheet under 37 CFR 1.76:	and supply the req	uisite information belo	w and in a	a preliminary amendment,	
		-part (CIP) of	prior application No	o.:		
Prior a	application information: Examiner		Group / Art			
under Box 5h	ATION OR DIVISIONAL APPS only: The entire discion is considered a part of the disclosure of the accore incorporation can only be relied upon when a portion	npanving contin	uation or divisional a	noplicatio	on and is hereby incorpo	supplied rated by
reference. In	e incorporation can only be relied upon when a portion of the second of			i tile sub	initied application parts.	
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Name	BECTON, DICKINSON AND COMPANY					
Address	1 BECTON DRIVE			<del></del>		
City	FRANKLIN LAKES State	NEW JER	SEY Zip	Code	07417-1880	
Country	U.S.A. Telephone	<del>-  </del>		Fax	201-848-9228	
			gistration No. (Attorn	ey/Agent)	30,348	7
Signate		-		Date	FEB. 12, 2002	ナ
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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$1,070.00

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	P. R. SURESH SAMUEL			
Examiner Name				
Group Art Unit				
Attorney Docket No.	P-5314			

Date

FEB. 12, 2002

METHOD OF PAYMENT	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES Large Entity Small Entity					
Deposit Account 02-1666	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Descriptio	n Fee Paid	
Number	105	130	205		Surcharge - late filing fee or	oath	
Account Name BECTON, DICKINSON AND CO.	127	50	227	25	Surcharge - late provisional f sheet	iling fee or cover	
Charac Any Additional Foo Propried	139	130	139		Non - English specification		
Under 37 CFR §§ 1.16 and 1.17		2,520			For filing a request for ex par		
Applicant claims small entity status.  See 37 CFR § 1.27	112	920*	112	920*	Requesting publication of SII action	<u></u>	
2. Payment Enclosed:	113	1,840*	113	1,840*	Requesting publication of SII action	R after Examiner	
Check Credit card Money Order Other	115	110	215		Extension for reply within firs		
FEE CALCULATION	116	400	216		Extension for reply within sec		
1. BASIC FILING FEE	117	920	217		Extension for reply within thir		
Large Entity Small Entity	118	1,440	218		Extension for reply within fou		
Fee Fee Fee Fee Description	128	1,960	228	980	Extension for reply within fifth	n month	
Code (\$) Code (\$) Fee Falc 101 740 201 370 Utility filing fee 740.00	119	320	219	160	Notice of Appeal		
106 330 206 165 Design filling fee	120	320	220	160	Filing a brief in support of an	appeal	
107 510 207 255 Plant filing fee	121	280	221	140	Request for oral hearing		
108 740 208 370 Reissue filing fee	138	1,510	138	1,510	Petition to institute a public u	ise proceeding	
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive - unavoidat	ole	
SUBTOTAL (1) \$740.00	141	1,280	241	640	Petition to revive - unintention	nal	
000101/12(1)	142	1,280	242	640	Utility issue fee (or reissue)		
2. EXTRA CLAIM FEES Fee from	143	460	243	230	Design issue fee		
Extra Claims below Fee Paid	144	620	244	310	Plant issue fee		
Total Claims $29 - 20^{**} = 9 \times 18.00 = 162.00$	122	130	122	130	Petitions to the Commission	er	
Independent 5 - 3** = 2 X 84.00 = 168.00	123	50	123	50	Processing fee under 37 CF	R § 1.17(q)	
Multiple Dependent	126	180	126	180	Submission of Information D Statement	isclosure	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assig (times number of properties)	nment per property	
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a submission after fina (37 CFR § 1.129(a))	al rejection	
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each additional invention (37 CFR § 1.129(b))	n to be examined	
109 84 209 42 ** Reissue independent claims	179	740	279		Request for Continued Exam		
over original patent  110 18 210 9 ** Reissue claims in excess of 20	169	900	169	900	Request for expedited exam of a design application	ination	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Oth	Other fee (specify)					
SUBTOTAL (2) \$330.00							
**or number previously paid, if greater; For Reissues, see above	*Re	duced	by Basi	c Filing	Fee Paid SUBTOT	AL (3)	
					Complete (ii	applicable)	
Name (Print/Type) JOHN L. VOELLMICKE			ration N y/Agent)		30,348 Telephone	201-847-7111	

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